ISSUE SLIP STAPLE AREA (for additional cross references)

	INITIALS -	ID NO.	DATE
POSITION	INITIALS		
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

Rejected Allowed	Interior
- (Through numeral) Canceled	AAppear

÷	Nestricted	
Claim Date	Claim Date	Claim Date
SIGNI NI N		[2
	Original	Original
E1818484	<u> </u>	101
1	51	102
(D)	52	103
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	54	105
(5)	55	106
6 (56 57	107
7	58	108
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9	60	110
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12 7	63	113
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23 24	74	124
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25 26	76	126
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43	93	144
44	94	145
45	95	146
46	96	147
47	97	148
48	98	149
49	100	150
50	1004	

If more than 150 claims or 10 actions staple additional sheet here

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